

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY
Caption in Compliance with D.N.J. LBR 9004-2(c)

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In Re:	:	Case No. 17-19143
	:	Hearing Date: September 17, 2019
ANDREW B. WEBER,	:	Judge: Michael B. Kaplan
	:	Chapter: 13
Debtor.	:	

CERTIFICATION OF DEBTOR IN OBJECTION TO TRUSTEE'S MOTION TO DISMISS

1. I am the debtor in the above bankruptcy case. The case was commenced on May 3, 2017, by filing a voluntary petition for relief under Chapter 13 of Title 11 of the United States Bankruptcy Code.

2. At my 341 meeting of creditors held at the office of Trustee Albert Russo on November 9, 2017, I testified as to receiving a yearly bonus in addition to my income as well as the fact that the bonus is discretionary and not part of my salary, and further that any bonus received is used for medical needs for my wife and children.

3. The Trustee has filed a Motion to Dismiss Case or for Entry of a Wage Order, returnable on September 17, 2019, on the basis that I did not turn-over funds from my bonus to the Trustee.

4. In March 2018, I received a bonus of \$8,875.00, and after deduction of taxes (\$3,248.53), the actual net amount received was \$5,628.42.

5. As I advised, I no longer have the funds from my bonus; all bonus money that I received was used to meet my insurance deductible to pay for costly medication that my wife uses to stabilize her severe psoriasis, psoriatic arthritis and crohns disease. She is prescribed Humira which is a biologic injectable medicine to help deal with the symptoms, and needs to be administered three (3) times per month. The medication is extremely expensive, but necessary. My current healthcare plan will only cover 75% of the medication after my \$7,125.00 annual deductible is met. See attached summary of my benefits and covering confirming my deductible together with evidence of my medical expenses used to meet my deductible.

6. My yearly bonus can range anywhere from 1%-10% of my salary, depending on company profits and local business success. With the economy, future bonuses are not guaranteed, and thus I cannot count on same as part of my salary.

7. My attorney will submit revised Schedules I&J to include the bonus income and expenses incurred, as well as a revised Chapter 13 plan and Motion on notice to creditors, simultaneously with this certification.

8. I have been making payments under my Plan since June 1, 2017, and for the foregoing reasons, I am requesting that the Trustee withdraw his Motion to Dismiss and allow me to complete my plan as projected without the need for wage execution, as I do not want my employer to be informed of my bankruptcy filing.

I certify that the foregoing statements made by me are true; I am aware that if any of the statements made above are willfully false, I am subject to punishment.

Dated: September 4, 2019

/s/ Andrew B. Weber

ANDREW B. WEBER, Debtor

ANDREW B WEBER Allight Solutions - 08-22-2019 3:31 p.m. Central Daylight Time

Medical Coverage Details

Summary of Benefits and Coverage

UHC PPO Basic with HSA	
Coverage Details	Check with Plan
Plan Facts	
UHC PPO Basic with HSA	
Plan Facts	
Carrier address	PO Box 30555 Salt Lake City, UT 84130
Web site	myuhc.com
Member services phone number	1-800-996-2057
Find a network provider	
Need to file claims	In Network No Out of Network Yes
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	Yes
Binding arbitration	Yes
Cost	
UHC PPO Basic with HSA	
Health Savings Account -- Account Information	
Health Savings Account--ER amount: You only	\$600
Health Savings Account--ER amount: You and spouse	\$1,200
Health Savings Account--ER amount: You and child	\$1,200
Health Savings Account--ER amount: You and family	\$1,200
Eligible expenses for reimbursement	Refer to the IRS guidelines for all eligible reimbursements
Health Savings Account Web Site	optumbank.com/
Plan Prices	
You Only	Not Applicable
You + 1	Not Applicable
You + 2 or More	\$3,235.76
Coverage	
UHC PPO Basic with HSA	
General Medical Expenses	
Annual deductible	In Network \$2,850 Employee; \$5,700 Employee + 1; \$7,125 Family Out of Network \$5,700 Employee; \$11,400 Employee + 1; \$14,250 Family
Coinsurance percentage	In Network In Network Tier 1: 70% after deductible/ Tier 2: PCP \$40 copay + 60%; Spec.\$80 copay + 60% Coins after deductible/ Profee 60% Out of Network 40% of allowable amount after deductible Is met
Primary doctor office visit	In Network In Network Tier 1: 70% after ded/ Tier 2: PCP \$40 copay + 60% after ded Out of Network 40% of allowable amount after deductible Is met
Specialist office visit	In Network In Network Tier 1: 70% after ded/ Tier 2: spec \$80 copay + 60% after ded, Professional Fees - In Network Tier 1: 70% after ded/ Tier 2: profee 60% after ded Out of Network 40% of allowable amount after deductible Is met
Out-of-pocket maximum	In Network \$5,000 Employee; \$10,000 Employee + 1; \$12,500 Family Out of Network \$10,000 Employee; \$20,000 Employee + 1; \$25,000 Family
Lifetime coverage limit	In Network Does not apply

UHC PPO Basic with HSA	
Out of Network	
Does not apply	
Inpatient Hospital Care	
Hospital copay	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Hospital semi-private room	In Network 70% covered after deductible is met; limited to semi-private room negotiated rate Out of Network 40% covered after plan and hospital copay/deductible; limited to semi-private room negotiated rate
Inpatient physician and surgeon services	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Inpatient lab and X-ray	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Outpatient Care	
Outpatient surgery	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Outpatient laboratory services	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Outpatient X-ray	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Emergency room (not followed by admission)	In Network 70% covered after deductible is met Out of Network 70% covered after deductible; for non-true ER care, check with plan for more info
Urgent care clinic visit	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Ambulance services	70% covered after deductible
Durable medical equipment	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Prescription Drug Expenses	
Prescription drug vendor	UHC/Optum RX
Prescription drug Web site	myuhc.com
Prescription drug member services phone number	1-800-996-2057
Rx subject to overall medical OOP max only (not medical ded)	No
Does Rx deductible apply to medical OOP max?	Not applicable
Annual prescription deductible	Not applicable
Retail generic	90% covered after deductible is met; \$5 minimum; \$50 maximum; 30 day supply
Retail formulary brand	75% covered after deductible is met; \$30 minimum; \$85 maximum; 30 day supply
Retail nonformulary brand	50% covered after deductible is met; \$75 minimum; \$125 maximum; 30 day supply
Mall order generic	90% covered after deductible is met; \$12.50 minimum; \$125 maximum; 90 day supply
Mall order formulary brand	75% covered after deductible is met; \$75 minimum; \$200 maximum; 90 day supply
Mall order nonformulary brand	50% covered after deductible is met; \$150 minimum; \$300 maximum; 90 day supply
Preventive Care	
Annual physical exam	In Network 100% covered; office visit deductible is waived Out of Network 40% of allowable amount; deductible is waived

UHC PPO Basic with HSA	
Well-woman exam (Includes pap)	In Network 100% covered; office visit deductible is waived Out of Network 40% of allowable amount; deductible is waived
Pediatric exams	In Network 100% covered; deductible is waived Out of Network 40% of allowable amount; deductible is waived
Immunizations (child)	In Network 100% covered; office visit deductible is waived Out of Network 40% covered; office visit deductible is waived; Flu shots covered 100%
Mammogram	In Network 100% covered; deductible is waived Out of Network 40% of allowable amount; deductible is waived
Allergy tests and treatments	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Routine vision exams	In Network 100% covered after \$25 copay; one visit maximum exam every calendar year Out of Network 100% covered after \$25 copay; one visit maximum exam every calendar year
Hearing evaluations	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Family Planning	
Fertility services	In Network 70% covered after deductible is met; \$20,000 lifetime maximum; authorization required from Reproductive Resource Services; contact United Healthcare at 1-800-996-2057 Out of Network Not covered
Office visit: Pre/postnatal	In Network Routine prenatal care covered 100%; Postnatal care is not covered as a preventive benefit and cost-sharing may apply. Out of Network 40% of allowable amount after deductible is met
In-hospital delivery services	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Newborn nursery services	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Mental Health and Substance Abuse Care	
Mental Health: Outpatient coverage	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Mental Health: Inpatient coverage	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Medical Therapy	
Acupuncture	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met
Chiropractic	In Network 70% covered after deductible is met; 30 visit maximum per calendar year Out of Network 40% of allowable amount after deductible is met; 30 visit maximum per calendar year
Outpatient physical therapy	In Network After deductible is met; Coinsurance applies; 25 visit maximum combined per calendar year; Physical Therapy for children birth to age 18 are allowed 60 visits per calendar year Out of Network After deductible is met; Coinsurance applies; 25 visit maximum combined per

UHC PPO Basic with HSA	
	calendar year; Physical Therapy for children birth to age 18 are allowed 60 visits per calendar year
Outpatient speech therapy	In Network After deductible is met; Coinsurance applies; 25 visit maximum combined per calendar year; Speech therapy for children birth to age 18 are allowed 90 visits per calendar year Out of Network After deductible is met; Coinsurance applies; 25 visit maximum combined per calendar year; Speech therapy for children birth to age 18 are allowed 90 visits per calendar year
Outpatient occupational therapy	In Network After deductible is met; Coinsurance applies; 25 visit maximum combined per calendar year; Occupational Therapy for children birth to age 18 are allowed 60 visits per calendar year Out of Network Check with Plan
Care at Alternate Sites	
Noncustodial home health care	In Network 70% covered after deductible is met; 75 visit max. combined per calendar year Out of Network 40% of allowable amount after deductible is met; Coinsurance applies; 75 visit maximum combined per calendar year
Prescribed care in noncustodial skilled nursing facility	In Network 70% covered after deductible is met; 60 days combined maximum per calendar year Out of Network 40% of allowable amount after deductible is met; 60 days combined maximum per calendar year
Hospice care	In Network 70% covered after deductible is met Out of Network 40% of allowable amount after deductible is met

The comparison charts are compiled using information that applies to a large number of health plan users and is commonly reported by the health plans. Depending on the chart type, such as charts for dental and vision plans, certain information and/or sections won't appear because the necessary data isn't available. In addition, the charts may not take into account how each plan covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance on the benefits offered by the plan. If you have questions about a topic that isn't covered in the charts, contact the plan's member services department for additional information. Neither Jones Lang LaSalle nor Alight Solutions is responsible for the accuracy of this information. If there is a discrepancy between the information displayed on these charts and the official plan documents, the official plan documents will control. Jones Lang LaSalle reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time.

Print Claims



Displaying claims 51 of 51

Sort By: You Paid - Highest to Lowest

Danielle's Claim Date of Service - 07/26/2018		Processed - 07/26/2018		
Provider:	MEDICAL Claim #	Amount	Plan	You Paid You May
Briovax	182077886506226999	Billed	Paid	\$3,301.64Owe
		\$3,301.64	\$0.00	\$0.00
		Mark As Paid: False		
Danielle's Claim Date of Service - 08/23/2018		Processed - 08/23/2018		
Provider:	MEDICAL Claim #	Amount	Plan Paid	You Paid You May
Briovax	182354961718268999	Billed	\$1,430.02	\$2,899.14Owe
		\$4,329.16		\$0.00
		Mark As Paid: False		
Danielle's Claim Date of Service - 09/13/2018		Processed - 09/13/2018		
Provider:	MEDICAL Claim #	Amount	Plan Paid	You Paid You May
Briovax	182565464820246999	Billed	\$4,402.85	Paid Owe
		\$4,829.16		\$426.31\$0.00
		Mark As Paid: False		
Danielle's Claim Date of Service - 12/21/2018		Processed - 12/27/2018		
Provider:	J Schnell MEDICAL Claim # 7543667486	Amount Billed	Plan Paid	You Paid You May Owe
		\$452.00	\$304.47	\$112.19 \$0.00
		Mark As Paid: True		
Danielle's Claim Date of Service - 12/18/2018		Processed - 12/18/2018		
Provider:	MEDICAL Claim #	Amount	Plan Paid	You Paid You May
Briovax	183524096833228999	Billed	\$4,744.16	Paid Owe
		\$4,829.16		\$85.00 \$0.00
		Mark As Paid: False		
Danielle's Claim Date of Service - 11/20/2018		Processed - 11/19/2018		
Provider:	MEDICAL Claim #	Amount	Plan Paid	You Paid You May
Briovax	183238287591202999	Billed	\$4,744.16	Paid Owe
		\$4,829.16		\$85.00 \$0.00
		Mark As Paid: False		
Danielle's Claim Date of Service - 10/05/2018		Processed - 10/05/2018		
Provider:	MEDICAL Claim #	Amount	Plan Paid	You Paid You May
Briovax	182784212942246999	Billed	\$4,744.16	Paid Owe
		\$4,829.16		\$85.00
		Mark As Paid: False		
		How is your visit? X		

Jordan's Claim Date of Service - 10/31/2018

Processed - 11/11/2018

Provider: P
Courtney

MEDICAL Claim #
7447336186

Amount Billed	Plan Paid	You Paid	You May Owe
\$250.00	\$142.84	\$61.22	\$0.00
Mark As Paid: True			

Jordan's Claim Date of Service - 09/10/2018

Processed - 09/10/2018

Provider: Sav-on Pharmacy
#3961 3961

MEDICAL Claim #
182534150131247999

Amount Billed	Plan Paid	You Paid	You May Owe
\$20.52	\$0.00	\$20.52	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 11/16/2018

Processed - 11/16/2018

Provider: Sav-on Pharmacy
#3961 3961

MEDICAL Claim #
183202462505240999

Amount Billed	Plan Paid	You Paid	You May Owe
\$129.86	\$116.87	\$12.99	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 07/18/2018

Processed - 07/18/2018

Provider: Savon
Pharmacy 7961

MEDICAL Claim #
181992992454269999

Amount Billed	Plan Paid	You Paid	You May Owe
\$5.47	\$0.00	\$5.47	\$0.00
Mark As Paid: False			

Brandon's Claim Date of Service - 12/16/2018

Processed - 12/16/2018

Provider: Sav-on Pharmacy
#3961 3961

MEDICAL Claim #
183504231095246999

Amount Billed	Plan Paid	You Paid	You May Owe
\$6.41	\$1.41	\$5.00	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 10/05/2018

Processed - 10/05/2018

Provider: Sav-on Pharmacy
#3961 3961

MEDICAL Claim #
182784770355273998

Amount Billed	Plan Paid	You Paid	You May Owe
\$21.08	\$16.08	\$5.00	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 06/27/2018

Processed - 06/27/2018

Provider:
Briovarx

MEDICAL Claim #
181780641703266999

Amount Billed	Plan Paid	You Paid	You May Owe
\$5.00	\$0.00	\$5.00	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 06/09/2018

Processed - 06/08/2018

Provider:
Briovarx

MEDICAL Claim #
181598044178274999

Amount Billed	Plan Paid	You Paid	You May Owe
\$3,408.65	\$3,403.65	\$5.00	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 05/11/2018

Processed - 05/11/2018

Provider:	MEDICAL Claim #	Amount	Plan	You	You May
Briovarx	181315172383234999	Billed	Paid	Paid	Owe
		\$3,403.65	\$3,398.65	\$5.00	\$0.00
		Mark As Paid: False			

Danielle's Claim Date of Service - 02/17/2018

Processed - 02/17/2018

Provider:	MEDICAL Claim #	Amount	Plan	You	You May
Briovarx	180480774192261999	Billed	Paid	Paid	Owe
		\$5.00	\$0.00	\$5.00	\$0.00
		Mark As Paid: False			

Danielle's Claim Date of Service - 01/23/2018

Processed - 01/23/2018

Provider:	MEDICAL Claim #	Amount	Plan	You	You May
Briovarx	180231029263203999	Billed	Paid	Paid	Owe
		\$5.00	\$0.00	\$5.00	\$0.00
		Mark As Paid: False			

Andrew's Claim Date of Service - 07/28/2018

Processed - 07/28/2018

Provider: Savon	MEDICAL Claim #	Amount	Plan	You	You May
Pharmacy 7961	182092429840276999	Billed	Paid	Paid	Owe
		\$4.09	\$0.00	\$4.09	\$0.00
		Mark As Paid: False			

Andrew's Claim Date of Service - 10/03/2018

Processed - 10/03/2018

Provider: Sav-on Pharmacy	MEDICAL Claim #	Amount	Plan	You	You May
#3961 3961	182762679819204999	Billed	Paid	Paid	Owe
		\$3.57	\$0.00	\$3.57	\$0.00
		Mark As Paid: False			

Brandon's Claim Date of Service - 04/11/2018

Processed - 04/17/2018

Provider: W	MEDICAL Claim #	Amount	Plan	You	You May
Jacques	7095947119	Billed	Paid	Paid	Owe
		\$35.00	\$0.00	\$0.00	\$0.00
		Mark As Paid: False			

Brandon's Claim Date of Service - 04/11/2018

Processed - 04/17/2018

Provider: W	MEDICAL Claim #	Amount	Plan	You	You May
Jacques	7095947119	Billed	Paid	Paid	Owe
		\$185.00	\$87.22	\$0.00	\$0.00
		Mark As Paid: False			

Brandon's Claim Date of Service - 04/11/2018

Processed - 04/17/2018

Provider: W	MEDICAL Claim #	Amount	Plan	You	You May
Jacques	7095947119	Billed	Paid	Paid	Owe
		\$20.00	\$5.76	\$0.00	\$0.00
		Mark As Paid: False			

Brandon's Claim Date of Service - 04/11/2018

Processed - 04/17/2018

Provider: W
Jacques

MEDICAL Claim #
7095947119

Amount Billed	Plan Paid	You Paid	You May Owe
\$450.00	\$350.32	\$0.00	\$0.00
Mark As Paid: False			

Jordan's Claim Date of Service - 04/05/2018

Processed - 04/14/2018

Provider: W
Jacques

MEDICAL Claim #
7089385224

Amount Billed	Plan Paid	You Paid	You May Owe
\$20.00	\$5.76	\$0.00	\$0.00
Mark As Paid: False			

Jordan's Claim Date of Service - 04/05/2018

Processed - 04/14/2018

Provider: W
Jacques

MEDICAL Claim #
7089385224

Amount Billed	Plan Paid	You Paid	You May Owe
\$35.00	\$0.00	\$0.00	\$0.00
Mark As Paid: False			

Jordan's Claim Date of Service - 04/05/2018

Processed - 04/14/2018

Provider: W
Jacques

MEDICAL Claim #
7089385224

Amount Billed	Plan Paid	You Paid	You May Owe
\$185.00	\$87.22	\$0.00	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 07/18/2018

Processed - 08/03/2018

Provider: S Shapiro MEDICAL Claim # 7283434443

Amount Billed	Plan Paid	You Paid	You May Owe
\$0.00	\$0.00	\$0.00	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 07/18/2018

Processed - 08/03/2018

Provider: S Shapiro MEDICAL Claim # 7283434443

Amount Billed	Plan Paid	You Paid	You May Owe
\$194.00	\$0.00	\$0.00	\$42.65
Mark As Paid: False			

Andrew's Claim Date of Service - 04/19/2018

Processed - 04/23/2018

Provider: S Shapiro MEDICAL Claim # 7106176706

Amount Billed	Plan Paid	You Paid	You May Owe
\$0.00	\$0.00	\$0.00	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 04/19/2018

Processed - 04/23/2018

Provider: S Shapiro MEDICAL Claim # 7106176706

Amount Billed	Plan Paid	You Paid	You May Owe
\$307.00	\$0.00	\$0.00	\$67.33
Mark As Paid: False			

Andrew's Claim Date of Service - 12/27/2018

Processed - 01/03/2019

Provider: R

MEDICAL Claim #

Mignone

7553746743

Amount Billed	Plan Paid	You Paid	You May Owe
\$772.00	\$200.95	\$0.00	\$86.12

Jordan's Claim Date of Service - 10/31/2018

Processed - 11/11/2018

Provider: P
Courtney

MEDICAL Claim #
7447336186

Amount Billed	Plan Paid	You Paid	You May Owe
\$92.00	\$39.04	\$0.00	\$16.73

Mark As Paid: False

Jordan's Claim Date of Service - 09/10/2018

Processed - 09/27/2018

Provider: P
Alizadeh

MEDICAL Claim #
7376217912

Amount Billed	Plan Paid	You Paid	You May Owe
\$95.00	\$31.42	\$0.00	\$13.46

Mark As Paid: False

Brandon's Claim Date of Service - 09/10/2018

Processed - 09/27/2018

Provider: P
Alizadeh

MEDICAL Claim #
7376217732

Amount Billed	Plan Paid	You Paid	You May Owe
\$95.00	\$31.42	\$0.00	\$13.46

Mark As Paid: False

Danielle's Claim Date of Service - 11/29/2018

Processed - 12/11/2018

Provider: Laboratory
Corp Of

MEDICAL Claim #
7504781658

Amount Billed	Plan Paid	You Paid	You May Owe
\$366.00	\$41.72	\$0.00	\$17.87

Mark As Paid: False

Andrew's Claim Date of Service - 07/28/2018

Processed - 07/30/2018

Provider: J Hughes MEDICAL Claim # 8421640817

Amount Billed	Plan Paid	You Paid	You May Owe
\$303.00	\$49.09	\$0.00	\$21.03

Mark As Paid: False

Brandon's Claim Date of Service - 12/21/2018

Processed - 12/28/2018

Provider: J Fritz MEDICAL Claim # 7545566735

Amount Billed	Plan Paid	You Paid	You May Owe
\$100.00	\$22.32	\$0.00	\$9.57

Mark As Paid: False

Brandon's Claim Date of Service - 11/30/2018

Processed - 12/11/2018

Provider: J Fritz MEDICAL Claim # 7500915412

Amount Billed	Plan Paid	You Paid	You May Owe
\$830.00	\$280.77	\$0.00	\$120.31

Mark As Paid: False

Brandon's Claim Date of Service - 11/30/2018

Processed - 12/14/2018

Provider: J Fritz MEDICAL Claim # 7500915412

Amount Billed	Plan Paid	You Paid	You May Owe
-\$830.00	-\$280.77	\$0.00	\$0.00

Mark As Paid: False

Brandon's Claim Date of Service - 11/30/2018

Processed - 12/14/2018

Provider: J Fritz MEDICAL Claim # 7500915412

Amount Billed	Plan Paid	You Paid	You May Owe
\$830.00	\$0.00	\$0.00	\$613.19
Mark As Paid: False			

Brandon's Claim Date of Service - 10/05/2018

Processed - 10/12/2018

Provider: J Fritz MEDICAL Claim # 7406378750

Amount Billed	Plan Paid	You Paid	You May Owe
\$465.00	\$92.90	\$0.00	\$39.82
Mark As Paid: False			

Brandon's Claim Date of Service - 12/16/2018

Processed - 12/25/2018

Provider: Drx Hamilton Llc MEDICAL Claim # 7534212498

Amount Billed	Plan Paid	You Paid	You May Owe
\$268.00	\$78.16	\$0.00	\$33.50
Mark As Paid: False			

Jordan's Claim Date of Service - 01/31/2018

Processed - 02/12/2018

Provider: Drx Hamilton Llc MEDICAL Claim # 6971459546

Amount Billed	Plan Paid	You Paid	You May Owe
\$280.00	\$0.00	\$0.00	\$118.79
Mark As Paid: False			

Danielle's Claim Date of Service - 01/31/2018

Processed - 02/12/2018

Provider: Drx Hamilton Llc MEDICAL Claim # 6971459545

Amount Billed	Plan Paid	You Paid	You May Owe
\$280.00	\$0.00	\$0.00	\$118.79
Mark As Paid: False			

Andrew's Claim Date of Service - 10/03/2018

Processed - 10/06/2018

Provider: Doctor On Demand MEDICAL Claim # 7394817978

Amount Billed	Plan Paid	You Paid	You May Owe
\$49.00	\$34.30	\$0.00	\$14.70
Mark As Paid: False			

Danielle's Claim Date of Service - 11/15/2018

Processed - 11/17/2018

Provider: D Nieves MEDICAL Claim # 7473906109

Amount Billed	Plan Paid	You Paid	You May Owe
\$381.24	\$156.23	\$0.00	\$66.96
Mark As Paid: False			

Danielle's Claim Date of Service - 03/03/2018

Processed - 03/06/2018

Provider: D Nieves MEDICAL Claim # 7022613906

Amount Billed	Plan Paid	You Paid	You May Owe
\$210.40	\$0.00	\$0.00	\$127.10
Mark As Paid: False			

Jordan's Claim Date of Service - 08/14/2018

Processed - 08/30/2018

Provider: D Baiser MEDICAL Claim # 7328461485

Amount Billed Plan Paid You Paid You May Owe
 \$25.00 \$0.00 \$0.00 \$53.17
 Mark As Paid: False

Andrew's Claim Date of Service - 10/05/2018

Processed - 10/15/2018

Provider: A
 Chaudhry

MEDICAL Claim #
 7408722207

Amount Billed	Plan Paid	You Paid	You May Owe
\$130.00	\$55.29	\$0.00	\$23.70
Mark As Paid: False			

Danielle's Claim Date of Service - 11/16/2018

Processed - 11/26/2018

Provider: Sav-on Pharmacy
 #3961 3961

MEDICAL Claim #
 183202462505240999

Amount Billed	Plan Paid	You Paid	You May Owe
-\$129.86	-\$116.87	-\$12.99	\$0.00
Mark As Paid: False			

Provider: Briovarx Of
Indiana

MEDICAL Claim #
190804330754223999

Amount	Plan Paid You	You May
Billed	\$5,118.07	Paid Owe
\$5,123.07		\$5.00 \$0.00
Mark As Paid: False		

Jordan's Claim Date of Service - 03/18/2019

Processed - 03/20/2019

Provider: J Simon MEDICAL Claim # 7694897340

Amount Billed	Plan Paid You	Paid You May	Owe
\$149.69	\$35.74	\$52.07	\$0.00
Mark As Paid: False			

Jordan's Claim Date of Service - 03/18/2019

Processed - 03/18/2019

Provider: Sav-on Pharmacy
#3961 3961

MEDICAL Claim #
190775507465276998

Amount	Plan	You	You May
Billed	Paid	Paid	Owe
\$38.47	\$0.00	\$38.47	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 02/27/2019

Processed - 02/27/2019

Provider: MEDICAL Claim #
Briovarx 190585318574269999

Amount	Plan Paid You	You May
Billed	\$5,037.85	Paid Owe
\$5,042.85		\$5.00 \$0.00
Mark As Paid: False		

Jordan's Claim Date of Service - 01/31/2019

Processed - 02/11/2019

Provider: M Blair MEDICAL Claim # 7621617594

Amount Billed	Plan Paid You	Paid You May	Owe
\$135.00	\$0.00	\$58.11	\$0.00
Mark As Paid: True			

Jordan's Claim Date of Service - 02/07/2019

Processed - 02/10/2019

Provider: J Boozan MEDICAL Claim # 7623330432

Amount Billed	Plan Paid You	Paid You May	Owe
\$400.00	\$0.00	\$316.67	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 02/04/2019

Processed - 02/04/2019

Provider: MEDICAL Claim #
Briovarx 190356025195235999

Amount	Plan Paid You	Paid You May	
Billed	\$2,696.14	\$2,006.93	Owe
\$4,703.07			\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 01/11/2019

Processed - 01/11/2019

Provider: MEDICAL Claim #
Briovarx 190114597093254999

Amount	Plan	You Paid	You May
Billed	Paid	\$4,703.07	Owe
\$4,703.07	\$0.00		\$0.00
Mark As Paid: False			

Brandon's Claim Date of Service - 04/12/2019

Processed - 04/18/2019

Provider: M Boim MEDICAL Claim # 7747707883

Amount Billed	Plan Paid	You Paid	You May Owe
\$195.00	\$173.16	\$0.00	\$0.00
Mark As Paid: False			

Brandon's Claim Date of Service - 04/12/2019

Processed - 04/18/2019

Provider: M Boim MEDICAL Claim # 7747707883

Amount Billed	Plan Paid	You Paid	You May Owe
\$10.00	\$0.00	\$0.00	\$0.00
Mark As Paid: False			

Brandon's Claim Date of Service - 04/12/2019

Processed - 04/18/2019

Provider: M Boim MEDICAL Claim # 7747707883

Amount Billed	Plan Paid	You Paid	You May Owe
\$220.00	\$85.72	\$0.00	\$0.00
Mark As Paid: False			

Brandon's Claim Date of Service - 04/12/2019

Processed - 04/18/2019

Provider: M Boim MEDICAL Claim # 7747707883

Amount Billed	Plan Paid	You Paid	You May Owe
\$20.00	\$0.00	\$0.00	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 04/12/2019

Processed - 04/15/2019

Provider: M Chavez
Santos MEDICAL Claim #
8617857441

Amount Billed	Plan Paid	You Paid	You May Owe
\$395.00	\$30.13	\$0.00	\$55.49
Mark As Paid: False			

Brandon's Claim Date of Service - 03/27/2019

Processed - 04/04/2019

Provider: W
Jacques MEDICAL Claim #
7723519885

Amount Billed	Plan Paid	You Paid	You May Owe
\$135.00	\$13.75	\$0.00	\$44.36
Mark As Paid: False			

Jordan's Claim Date of Service - 03/18/2019

Processed - 03/28/2019

Provider: Sav-on Pharmacy
#3961 3961 MEDICAL Claim #
190775507465276998

Amount Billed	Plan Paid	You Paid	You May Owe
-\$38.47	\$0.00	-\$38.47	\$0.00
Mark As Paid: False			

Brandon's Claim Date of Service - 03/27/2019

Processed - 03/27/2019

Provider: Sav-on Pharmacy
#3961 3961 MEDICAL Claim #
190864947333207999

Amount Billed	Plan Paid	You Paid	You May Owe
\$3.40	\$0.00	\$3.40	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 03/21/2019

Processed - 03/21/2019

Danielle's Claim Date of Service - 05/15/2019

Processed - 05/20/2019

Provider: D Nieves MEDICAL Claim # 7803883971

Amount Billed	Plan Paid	You Paid	You May Owe
\$145.19	\$58.74	\$25.18	\$0.00
Mark As Paid: True			

Danielle's Claim Date of Service - 05/15/2019

Processed - 05/15/2019

Provider: Briovarx Of Indiana MEDICAL Claim # 191354294388211999

Amount Billed	Plan Paid	You Paid	You May Owe
\$5,178.95	\$5,173.95	\$5.00	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 04/25/2019

Processed - 05/04/2019

Provider: Sav-on Pharmacy #3961 3961 MEDICAL Claim # 191153176254215999

Amount Billed	Plan Paid	You Paid	You May Owe
-\$10.50	\$0.00	-\$10.50	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 04/25/2019

Processed - 05/04/2019

Provider: Sav-on Pharmacy #3961 3961 MEDICAL Claim # 191153170305218998

Amount Billed	Plan Paid	You Paid	You May Owe
-\$42.62	\$0.00	-\$42.62	\$0.00
Mark As Paid: False			

Brandon's Claim Date of Service - 04/26/2019

Processed - 05/01/2019

Provider: Laboratory Corp Of MEDICAL Claim # 7773867984

Amount Billed	Plan Paid	You Paid	You May Owe
\$577.00	\$56.67	\$0.00	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 04/25/2019

Processed - 04/25/2019

Provider: Sav-on Pharmacy #3961 3961 MEDICAL Claim # 191153176254215999

Amount Billed	Plan Paid	You Paid	You May Owe
\$10.50	\$0.00	\$10.50	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 04/25/2019

Processed - 04/25/2019

Provider: Sav-on Pharmacy #3961 3961 MEDICAL Claim # 191153170305218998

Amount Billed	Plan Paid	You Paid	You May Owe
\$42.62	\$0.00	\$42.62	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 04/19/2019

Processed - 04/19/2019

Provider: Briovarx Of Indiana MEDICAL Claim # 191091582056267999

Amount Billed	Plan Paid	You Paid	You May Owe
\$5,178.95	\$5,173.95	\$5.00	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 05/28/2019

Processed - 06/27/2019

Provider: Radiology
Affil MEDICAL Claim #
7875167773

Amount Billed	Plan Paid	You Paid	You May Owe
\$1,206.00	\$325.74	\$0.00	\$139.60
Mark As Paid: False			

Brandon's Claim Date of Service - 06/24/2019

Processed - 06/26/2019

Provider: A
Mccullough MEDICAL Claim #
7872959376

Amount Billed	Plan Paid	You Paid	You May Owe
\$2,035.00	\$360.60	\$0.00	\$320.39
Mark As Paid: False			

Danielle's Claim Date of Service - 06/23/2019

Processed - 06/23/2019

Provider: Sav-on Pharmacy
#3961 3961 MEDICAL Claim #
191744811778249998

Amount Billed	Plan Paid	You Paid	You May Owe
\$16.13	\$11.13	\$5.00	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 06/05/2019

Processed - 06/05/2019

Provider: Briovax Of
Indiana MEDICAL Claim #
191563866490274999

Amount Billed	Plan Paid	You Paid	You May Owe
\$5,145.42	\$5,140.42	\$5.00	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 05/10/2019

Processed - 05/21/2019

Provider: Enzo Clinical
Labs MEDICAL Claim #
7810076336

Amount Billed	Plan Paid	You Paid	You May Owe
\$120.00	\$19.25	\$0.00	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 05/10/2019

Processed - 05/21/2019

Provider: Enzo Clinical
Labs MEDICAL Claim #
7810076336

Amount Billed	Plan Paid	You Paid	You May Owe
\$187.50	\$24.84	\$0.00	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 05/10/2019

Processed - 05/21/2019

Provider: Enzo Clinical
Labs MEDICAL Claim #
7810076336

Amount Billed	Plan Paid	You Paid	You May Owe
\$250.00	\$35.70	\$15.30	\$0.00
Mark As Paid: True			

Danielle's Claim Date of Service - 05/10/2019

Processed - 05/21/2019

Provider: Advocare
Burlington MEDICAL Claim #
7807901512

Amount Billed	Plan Paid	You Paid	You May Owe
\$397.00	\$246.33	\$0.00	\$0.00

Jordan's Claim Date of Service - 07/26/2019

Processed - 08/09/2019

Provider: W
Jacques

MEDICAL Claim #
7944701802

Amount Billed	Plan Paid	You Paid	You May Owe
\$220.00	\$89.01	\$0.00	\$0.00
Mark As Paid: True			

Jordan's Claim Date of Service - 07/29/2019

Processed - 08/01/2019

Provider: Laboratory
Corp Of

MEDICAL Claim #
7932650597

Amount Billed	Plan Paid	You Paid	You May Owe
\$123.00	\$9.73	\$0.00	\$0.00
Mark As Paid: False			

Jordan's Claim Date of Service - 07/29/2019

Processed - 08/01/2019

Provider: Laboratory
Corp Of

MEDICAL Claim #
7932650597

Amount Billed	Plan Paid	You Paid	You May Owe
\$70.00	\$3.42	\$0.00	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 07/30/2019

Processed - 07/30/2019

Provider: Briovarx Of
Indiana

MEDICAL Claim #
192113646640260999

Amount Billed	Plan Paid	You Paid	You May Owe
\$5,167.77	\$5,162.77	\$5.00	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 07/27/2019

Processed - 07/27/2019

Provider: Patient First
Hamilton 59

MEDICAL Claim #
192082626764270999

Amount Billed	Plan Paid	You Paid	You May Owe
\$14.05	\$9.05	\$5.00	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 06/23/2019

Processed - 07/03/2019

Provider: Patient
First

MEDICAL Claim #
7872831534

Amount Billed	Plan Paid	You Paid	You May Owe
\$297.00	\$76.26	\$32.68	\$0.00
Mark As Paid: True			

Danielle's Claim Date of Service - 06/23/2019

Processed - 07/03/2019

Provider: Patient
First

MEDICAL Claim #
7872831534

Amount Billed	Plan Paid	You Paid	You May Owe
\$99.00	\$64.82	\$0.00	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 07/03/2019

Processed - 07/02/2019

Provider: Briovarx Of
Indiana

MEDICAL Claim #
191837930722267999

Amount Billed	Plan Paid	You Paid	You May Owe
\$5,167.77	\$5,162.77	\$5.00	\$0.00

Print Claims



Displaying claims 47 of 47

Sort By: Processed Date - Newest to Oldest

Jordan's Claim Date of Service - 08/27/2019

Processed - 08/29/2019

Provider: Sav-on Pharmacy
#3961 3961

MEDICAL Claim #
192392727553255999

Amount Billed	Plan Paid	You Paid	You May Owe
\$156.74	\$78.37	\$78.37	\$0.00
Mark As Paid: False			

Jordan's Claim Date of Service - 08/27/2019

Processed - 08/28/2019

Provider: M Assadi-khansari

MEDICAL Claim #
8661234311

Amount Billed	Plan Paid	You Paid	You May Owe
\$616.00	\$72.63	\$0.00	\$31.12
Mark As Paid: False			

Jordan's Claim Date of Service - 08/27/2019

Processed - 08/27/2019

Provider: Sav-on Pharmacy
#3961 3961

MEDICAL Claim #
192392727553255999

Amount Billed	Plan Paid	You Paid	You May Owe
\$156.74	\$78.37	\$78.37	\$0.00
Mark As Paid: False			

Danielle's Claim Date of Service - 08/22/2019

Processed - 08/22/2019

Provider: Briovax Of Indiana

MEDICAL Claim #
192343703375213999

Amount Billed	Plan Paid	You Paid	You May Owe
\$5,190.12	\$5,185.12	\$5.00	\$0.00
Mark As Paid: False			

Andrew's Claim Date of Service - 07/27/2019

Processed - 08/10/2019

Provider: Patient First

MEDICAL Claim #
7927442464

Amount Billed	Plan Paid	You Paid	You May Owe
\$147.00	\$62.75	\$0.00	\$26.89
Mark As Paid: False			

Jordan's Claim Date of Service - 07/26/2019

Processed - 08/09/2019

Provider: W Jacques

MEDICAL Claim #
7944701802

Amount Billed	Plan Paid	You Paid	You May Owe
\$20.00	\$0.00	\$0.00	\$0.00
Mark As Paid: False			

Jordan's Claim Date of Service - 07/26/2019

Processed - 08/09/2019

Provider: W Jacques

MEDICAL Claim #
7944701802

Amount Billed	Plan Paid	You Paid
\$10.00	\$0.00	\$0.00

How is your visit? ☒ X